

**DEPARTMENT OF HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM  
OFFICE OF MEDICAL FACILITIES LICENSING**

**SUBSTANTIVE POLICY STATEMENT**

**#SP-082-PHS-EMS**

**#SP-034-DLS-OMF**

**Emergency Medical Technicians (EMTs) Practicing in Hospitals**

*This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes § 41-1033 for a review of the statement.*

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The purpose of this substantive policy statement is to notify the public of the Arizona Department of Health Services' (ADHS's) position regarding emergency medical technicians (EMTs)<sup>1</sup> practicing in hospitals.<sup>2</sup> ADHS believes that it is permissible for an EMT to work as an EMT in the hospital environment, provided that the EMT and the hospital's administrator and governing authority comply with all of the applicable statutes and rules.

ADHS certifies EMTs and regulates their practice under A.R.S. Title 36, Chapter 21.1 and the rules in 9 A.A.C. 25, Articles 2, 4, and 5. ADHS licenses and regulates hospitals under A.R.S. Title 36, Chapter 4 and the rules in 9 A.A.C. 10, Articles 1 and 2.

ADHS is aware that a number of hospitals currently hire or contract with EMTs to provide patient care services in the hospital environment. ADHS has been informed that this currently occurs under either of two scenarios:

1. An EMT is hired or contracted to act as an EMT and has a job title that includes "Emergency Medical Technician"; "EMT"; or, if applicable, "Intermediate" or "Paramedic"; or
2. An EMT is hired or contracted to act in a non-EMT capacity and has a job title such as "Emergency Technician," "Medical Technician," or "Patient Care Technician."

**EMT hired or contracted to act as an EMT**

An EMT who is hired or contracted to act as an EMT in the hospital environment is required to comply with the ADHS rules for EMT certification and practice found in 9 A.A.C. 25, Articles 2, 4, and 5. This means that the EMT may perform only those medical treatments, procedures, or techniques and may administer, monitor, and assist in patient self-administration of only those agents<sup>3</sup> that are within the EMT's scope of practice as prescribed in R9-25-502. In addition, if the EMT is an EMT-Basic authorized to perform an advanced procedure, an EMT-Intermediate, or an EMT-Paramedic, the EMT must:

1. Have administrative medical direction and the ability to receive on-line medical direction;<sup>4</sup> and
2. Act as an EMT only as authorized under treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director (AMD).

A hospital's administrator and governing authority must require that the hospital's use of EMTs complies with the hospital licensure requirements in A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10, Articles 1 and 2 and ensure that the hospital complies with its responsibilities as an emergency medical services provider<sup>5</sup> under R9-25-201.

R9-25-201 requires an emergency medical services provider to ensure that an EMT acting as an EMT for the emergency medical services provider has administrative medical direction and is able to receive on-line medical direction, if the EMT is an EMT-Basic authorized to perform an advanced procedure, an EMT-Intermediate, or an EMT-Paramedic. R9-25-202 requires that administrative medical direction be provided through an AMD qualified under R9-25-204 and as required in R9-25-204. R9-25-202 also includes recordkeeping and notification requirements for emergency medical services providers, ambulance services, ALS base hospitals, and centralized medical direction communications centers that provide administrative medical direction.<sup>6</sup>

An AMD must:

- Be a physician;<sup>7</sup>
- Meet one of the following:
  - Be board certified<sup>8</sup> in emergency medicine;
  - Have completed a residency<sup>9</sup> in emergency medicine; or
  - Be practicing emergency medicine<sup>10</sup> and have:
    - Proficiency in advanced emergency cardiac life support,<sup>11</sup>
    - Proficiency in advanced trauma life support,<sup>12</sup> and
    - Proficiency in pediatric emergency care;<sup>13</sup> and
- Act only on behalf of:
  - An emergency medical services provider;
  - An ambulance service;
  - An ALS base hospital certified under 9 A.A.C. 25, Article 2; or
  - ADHS, as provided in A.R.S. § 36-2202(J).

Under R9-25-204, an AMD has a number of responsibilities, which include approving, ensuring implementation of, and annually reviewing a number of protocols and policies and procedures; documenting annually that the AMD has reviewed A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25; ensuring that an individual to whom the AMD delegates authority<sup>14</sup> to fulfill the requirements in R9-25-204 also documents that individual's annual review of those statutes and rules; and ensuring that EMTs administer, monitor, and assist in patient self-administration of agents only as prescribed in R9-25-204 and 9 A.A.C. 25, Article 5. An EMT who works for multiple EMS providers, such as an EMT who works both for a hospital and a fire department, may have multiple AMDs.

The general requirements for on-line medical direction are found in R9-25-203 and include a requirement that an on-line physician qualified under R9-25-205 be available to give on-line medical direction to an EMT at all times. R9-25-203 also includes requirements for recordkeeping, communications equipment, and an alternative communications plan. R9-25-205 requires an on-line physician to meet the same qualifications as an AMD, establishes the responsibilities of an on-line physician, and allows an on-line physician to relay on-line medical direction through certain third parties.<sup>15</sup> A hospital may choose to satisfy the requirements for on-line medical direction by having numerous on-line physicians available, both in person and through communications equipment, to provide on-line medical direction to the EMTs working in the hospital.

The administrator and governing authority for a hospital that hires or contracts with EMTs to act as EMTs in the hospital must require that the hospital's medical staff member bylaws and regulations, required under R9-10-207, address the requirements for administrative medical direction and on-line medical direction for EMTs acting as EMTs in the hospital. In addition, the administrator and governing authority must comply with all hospital licensing rule requirements related to the EMTs' status as personnel members providing medical services or medical staff members, as applicable.

### **EMT hired or contracted to act in a non-EMT capacity**

ADHS has been informed by the Arizona Medical Board, Arizona Board of Osteopathic Examiners in Medicine and Surgery, and Arizona Board of Nursing that the permissible scope of practice for an individual who is an EMT but who works in a hospital in a non-EMT capacity is extremely limited. Such an individual is considered to be an unlicensed person. According to the Arizona Medical Board and Arizona Board of Osteopathic Examiners in Medicine and Surgery, physicians are prohibited from supervising or delegating medical tasks to unlicensed persons other than qualified medical assistants. Thus, such persons can only perform:

- Non-medical tasks; and
- Those tasks that can be legally delegated to unlicensed persons by a nurse according to the statutes, rules, and advisory opinions of the Arizona Board of Nursing.

For information on what tasks may permissibly be performed by an unlicensed person, please contact the Arizona Medical Board, Arizona Board of Osteopathic Examiners in Medicine and Surgery, and Arizona Board of Nursing.

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***Effective July 1, 2007***

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<sup>1</sup> “EMT” means an individual who is certified by ADHS as an EMT-Basic, EMT-Intermediate, or EMT-Paramedic.

<sup>2</sup> “Hospital” means a health care institution that is licensed by ADHS, under 9 A.A.C. 10, Article 2, as a general hospital, rural general hospital, or special hospital that provides emergency services or that is a general hospital operated by the federal government or a sovereign tribal nation.

<sup>3</sup> “Agent” means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition. “Administer” or “administration” means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.

<sup>4</sup> “On-line medical direction” means emergency medical services guidance or information provided to an EMT by an on-line physician through two-way voice communication. “Two-way voice communication” means that two individuals are able to convey information back and forth to each other orally, either directly or through a third-party relay.

<sup>5</sup> ADHS interprets “emergency medical services provider” to include a hospital that provides emergency services.

<sup>6</sup> R9-25-202 requires an EMS provider that provides administrative direction to maintain for ADHS review:

1. Name and contact information for each AMD,
2. Documentation of AMD qualifications; and
3. The policies, procedures, protocols, and documentation required under R9-25-204.

R9-25-202 also requires written notice to ADHS when an EMS provider that provides administrative medical direction to an EMT:

1. Withdraws or reinstates the EMT’s administrative medical direction; or
2. Becomes aware that the EMT:
  - a. Is incarcerated or on parole, supervised release, or probation for a criminal conviction;
  - b. Is convicted of a crime specified in the rule;
  - c. Has registration revoked or suspended by NREMT; or
  - d. Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

<sup>7</sup> “Physician” means an Arizona-licensed M.D. or D.O.

<sup>8</sup> “Board certified” means holding certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery.

<sup>9</sup> “Residency” means a residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association.

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<sup>10</sup> “Practicing emergency medicine” means acting as an emergency medicine physician in a hospital emergency department.

<sup>11</sup> “Proficiency in advanced emergency cardiac life support” is attained by completing 16 clock hours of organized training covering:

1. Electrocardiographic rhythm interpretation;
2. Oral, tracheal, and nasal airway management;
3. Nasotracheal intubation and surgical cricothyrotomy;
4. Peripheral and central intravenous lines; and
5. Pharmacologic, mechanical, and electrical arrhythmia interventions.

To maintain this proficiency, a physician must complete additional training every 24 months after the initial training as required by the provider of the initial training.

<sup>12</sup> “Proficiency in advanced trauma life support” is attained by completing 16 clock hours of organized training covering:

1. Rapid and accurate patient assessment,
2. Patient resuscitation and stabilization,
3. Patient transport or transfer, and
4. Patient treatment and care.

To maintain this proficiency, a physician must complete additional training every 48 months after the initial training as required by the provider of the initial training.

<sup>13</sup> “Proficiency in pediatric emergency care” is attained by completing 16 clock hours of organized training covering:

1. Pediatric rhythm interpretation;
2. Oral, tracheal, and nasal airway management;
3. Nasotracheal intubation and surgical cricothyrotomy;
4. Peripheral and central intravenous lines;
5. Intraosseous infusion;
6. Needle thoracostomy; and
7. Pharmacologic, mechanical, and electrical arrhythmia interventions.

To maintain this proficiency, a physician must complete additional training every 24 months after the initial training as required by the provider of the initial training.

<sup>14</sup> R9-25-204(C)(2) allows an AMD to delegate responsibilities to an individual as necessary to fulfill the requirements in R9-25-204 if the individual is a physician, physician assistant, registered nurse practitioner, registered nurse, practical nurse, EMT-Intermediate, or EMT-Paramedic.

<sup>15</sup> R9-25-205(D) allows an on-line physician to allow an individual acting under the supervision of the on-line physician to relay on-line medical direction if the individual is a physician, physician assistant, registered nurse practitioner, registered nurse, practical nurse, EMT-Intermediate, or EMT-Paramedic.